

PERFORMANCE WORK STATEMENT

For

Program Executive Office (PEO), Defense Health Management Systems (DHMS) Senior Technical Strategic Advisor Support Services

1. INTRODUCTION

The DoD PEO DHMS was established by the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD (AT&L)) to acquire a solution to modernize the clinical Electronic Health Record Systems (EHRS) within each Service Department and to provide clinicians and patients the best integrated health care capability, including state-of-the-art clinical decision support and analytics. Additionally, PEO DHMS will acquire a Health Information Exchange (HIE) capability that provides seamless sharing of standardized health care data between DoD and the Department of Veterans Affairs (VA). PEO DHMS reports directly to USD (AT&L) with the Defense Health Agency (DHA) as its primary support agency. PEO DHMS oversees four program offices: The Defense Healthcare Management Systems Modernization (DHMSM), the Defense Medical Information Exchange (DMIX), the Joint Operational Medicine Information System (JOMIS) and the Interagency Program Office (IPO).

1.1 Background

PEO DHMS Provides high quality health care for active duty, their families, and our Veterans is among our Nation's highest priorities. In a speech delivered on April 9, 2009, President Obama directed DoD and VA to “define and build a seamless system of integration with a simple vision: When a member of the Armed Forces separates from the military, he or she will no longer have to walk paperwork from a DoD duty station to a local VA health center; their electronic records will transition along with them and remain with them forever.”

In 2013, the Secretary of Defense issued a Memorandum to the Under Secretary of Defense for Acquisition, Technology and Logistics (USD (AT&L)) and USD of Personnel and Readiness directing “DoD shall continue near-term coordinated efforts with VA to develop data federation, and interoperability. This near-term goal shall be pursued as a first priority separately from the longer-term goal of health record information technology (IT) modernization”.

The National Defense Authorization Act (NDAA) for Fiscal Year 2014 (FY14), issued in January 2014 by Congress, specifies explicit interoperability goals within the 2014 fiscal year timeline and states: "Not later than October 1, 2014, all health care data contained in ... AHLTA and ... VistA systems shall be computable in real time and comply with the existing national data standards ..." "Ensure that the electronic health record systems ... are interoperable with an integrated display of data, or a single electronic health record, by complying with the national standards and architectural requirements identified by the Interagency Program Office of the Departments ... In collaboration with the Office of the National Coordinator"

The Contractor shall provide Senior Technical Advisory Support Services to the PEO DHMS Senior Leadership and Program Management Offices (PMO) in areas such as Engineering, Computer Scientist, Business Case Analysts, Healthcare IT, Software Development and training and technical management.

1.2 Applicability

This contract provides support services, projects, and development in the various task areas to meet PEO DHMS' mission.

1.3 Purpose

In the execution of this effort, the Contractor shall, at minimum, support the following tasks:

- 1.3.1** Assist with the review, approval and implementation of EHR training strategies and packages to ensure clinical relevance, alignment with clinical workflows;

- 1.3.2** Provide strategic thought leadership for the EHR deployment to the DHMSM program office and key stakeholders to ensure historical experiences, industry best practices and decision making are identified, considered, and leveraged;
- 1.3.3** Assist the program office in the identification and documentation of user requirements related to strategic and tactical data/health analytics, ensuring alignment between the enterprise and local Military Treatment Facilities (MTFs);
- 1.3.4** Provide consultation to the program office in the identification and documentation of user requirements related to the use of clinical decision support;
- 1.3.5** Assist the program office in maintaining a robust/responsive system configuration and change request process;
- 1.3.6** Assist in the early identification and reporting of high-risk issues to the Chief Medical Information Officer (CMIO) including recommendations for risk management;
- 1.3.7** Provide communications support to the CMIO for current initiatives and strategies to ensure end users are informed of priorities, schedule, and resource issues. Ensure front line users and MTF leadership also have an avenue for providing feedback to the CMIO;
- 1.3.8** Pending implementation of the EHR, participate in relevant user training to ensure minimal proficiency with the system to support robust analysis of issues and engagement with the user community.
- 1.3.9** Assist with coordination between DHMSM Rosslyn VA office and the Fixed Facility Government Approved Laboratories (FF GAL) in Auburn WA office including, dissemination of communications, interpretation of centrally generated guidance for application to local environment
- 1.3.10** Support the aforementioned technical activities and provide analysis of data, as needed. Contract Engineer will also provide recommendations, and analysis reports if needed related to technical activities conducted by Contract Engineer support
- 1.3.11** Prepare briefings, Business Management Processes, Business Process Re-engineering, monthly reports required to identify tasks implemented and list of inputs developed for identified products, as well as other reports for the Government Chief Engineer and Program Management
- 1.3.12** Provide summary reports of major milestone activities performed and trip reports within 10 days from completion of milestones or business trips.
- 1.3.13** Support the Enterprise Issue Resolution processes that encompass all entities involved in the DHMS organization (i.e., PEO and PMOs), as well as DHA and MHS organizations (e.g., J-5, J-6).
- 1.3.14** Support the Enterprise Issue Resolution process from end to end as it pertains to: incident (i.e., trouble ticket) tracking, monitoring, and reporting; stakeholder engagement and collaboration; and all associated actions and activities.

1.4 Scope

The Contractor shall provide Technical Senior Advisory Support Services for the PEO DHMS and its program management offices. Specifically, the Contractor shall provide program management, deployment, monitoring and oversight, risk management, planning and schedule management, program operations support, clinical and business SME support, ad-hoc support, cyber security SME and policy support, enterprise issue resolution, and be able to respond to surge support requirements.

The services and support provided by the Contractor with respect to engineering, computer scientist, business case analyst, health IT, management support, consulting services, and technical assistance encompass support to technology demonstrations; systems and training development; technical concepts and applications; proof-of-

principle efforts; review, analysis, and development of various documentation; computer applications; project and program management; and development of briefings, studies and scenarios. The Contractor shall attend meetings, conferences, and workshops, as required.

- 1.4.1** Although the Contractor shall be ultimately accountable to the Government for the contracted work, the employees of the contractor shall perform independently of routine Government supervision, direction and control in accordance with this PWS.

2. REQUIREMENTS

The Contractor shall provide service and support in accordance with the requirements contained below as specified in this PWS.

2.1 Subject Matter Expert in Healthcare Data Standards - Consultant

Ensures the interoperability and integration of the DoD EHR system with the VA and private sector healthcare provider systems impacting the national healthcare technical infrastructure. Salient duties in the performance of this task at a minimum are:

- 2.1.1** Monitoring. Actively engage with both the DoD and VA data interoperability and modernization programs to ensure synchronization between the solutions through the maturation and identification of national healthcare standards
- 2.1.2** Program Management. Leverage personal knowledge of the evolving health data standards in advising and assisting the PEO DHMS Senior Leadership with the development of data exchange interoperability profiles, policy and service level agreements for use by the DoD and VA.
- 2.1.3** Meetings/Workshops. Attend Government planning, strategy and design meetings and provide recommendations with regard to adherence to current and emerging data standards and resolution of identified and potential data interoperability issues.
- 2.1.4** Clinical and Business SME Support. Contractor shall have extensive knowledge of:
 - 2.1.4.1 Consolidated Clinical Document Architecture—collect and review on-going issues.
 - 2.1.4.2 HL7—review recommendations and adjudicate reported errata
 - 2.1.4.3 FHIR Deployment—educate the Department on the latest industry initiatives (US-Core, Argonaut, Data Access Framework, FHIR-core, provide guidance on best practices
 - 2.1.4.4 Standards Engagement—develop and submit ballot comments in the HL7 winter ballot, participate in the winter HL7 working group and FHIR connectathon and provide summary report
 - 2.1.4.5 Technical knowledge of DoD and VA medical system architecture and tools (e.g., CHCS, VistA, FMQL)
 - 2.1.4.6 Technical knowledge of medical data use, programming, and sharing techniques
 - 2.1.4.7 Working knowledge of database storage, programming, and management (e.g., MySQL, SQL Server, SQL Server Integration Services, MongoDB)
 - 2.1.4.8 Working knowledge of data analysis tools (e.g., R, Python, SPSS, SAS)
 - 2.1.4.9 Working knowledge of visualization tools (e.g., Tableau, Power BI, Qlik)
 - 2.1.4.10 Working knowledge of medical data standards reference resources, and ability to harmonize national and international standards with current and future internal medical coding
 - 2.1.4.11 Collaborate in design, building, testing, and demonstration of medical data gathering, storage, and analysis to gain new insight into current data sharing challenges

2.1.4.12 Anticipate additional tool and skill-set requirements for data sharing/data analysis projects

2.1.4.13 Apply analytical techniques across related medical domains and inter-departmentally

2.1.4.14 Develop technical reports detailing analytical techniques and results

2.2 Subject Matter Expert In Information Technology - Consultant

Advise and assist Military Health System (MHS) Electronic Health Record clinical business processes in the Full Operating Capability as they relate to the components of the MHS deployment.

2.2.1 Research. Leverage expert knowledge of the DoD and Veterans Administration (VA) legacy system implementation as well as the evolving health data standards in advising and assisting the MITRE team and the government with the development of data exchange interoperability profiles, policy and service level agreements for use by the DoD and VA.

2.2.2 Meetings/Workshops. Coordinate and collaborate with DHMSM and DMIX Program Offices as needed. Attend Government planning, strategy and design meetings and provide recommendations with regard to adherence to current and emerging data standards in addition to resolution of identified and potential data interoperability issues.

2.2.3 Business and Clinical SME Support. prepare data exchange profiles, policy and position papers, service level agreements, technology assessments, data standards compliance assessments and data interoperability strategies and road maps.

2.3 Subject Matter Expert in Program Management - Engineering SME

Advises on all clinical business processes and provides technical expertise of highly specialized applications related to MHS deployments.

2.3.1 Business and Clinical SME Support. Support the development of the Site Deployment Playbook; the Playbook covers the entire deployment lifecycle, including a pre-deployment phase for Site preparation, and it is enterprise focused. Additionally, the playbook is the single repository where all the deployment activities, processes, tools, templates, and guidance will be accessed by future wave Sites to assist in the successful deployment of MHS GENESIS.

2.3.2 Deployment Program Operations Support. Obtain, create, and analyze content and lessons learned through formal and informal engagement of stakeholders from DHMSM, Leidos Partnership for Defense Health (LPDH) and the Sites; develop and track action items through resolution.

2.3.3 Program Operation Support. Focus on process analysis, and re-engineering, with an understanding of technical problems and solutions as they relate to the current and future business environment. Additionally, creates process change by integrating new processes with existing ones and communicating these changes to the Program Offices.

2.3.4 Monitoring and Oversight. Manage Playbook project.

2.4 Subject Matter Expert In Web Design – Systems Analysis and Programming Director

Design and develop a web based platform with a strong focus on User Experience (UX), where all interactive data can be shared and modified as needed. Required knowledge: Design experience and SharePoint development experience.

2.5 Subject Matter Expert In Clinical Business Support – Business Subject Matter Specialist

Advise and assist across all subcomponents of the DHMSM Revenue Cycle Module

- 2.5.1** Strategic Advisor. Development key strategies to enable the transition from legacy to the future state and the delivery of a viable and reliable patient accounting module capability, and reliable Expense Assignment System IV (EAS IV) interface.
- 2.5.1.1** Plans. Immediate development of key strategies, roadmaps, and assessment to support the development and implementation of a Charge Description Master. This also includes the continued identification and documentation of components of the implantation plan to minimize disruption to clinical and business operations.
- 2.5.2** Data Architect. Define and analyze requirements regarding the archival and final disposition of clinical documentation from future state electronic health record, to include technical requirements decomposition; define and analyze enterprise eSignature and Patient Consent capability, to include technical requirements decomposition; and future definition and analyses of requirements decomposition to support new supply chain requirements.

2.6 Subject Matter Expert In Software Systems Engineer – Engineering Subject Matter Specialist

Formulates and defines specifications for complex operating software programming applications or modifies and maintains complex existing applications using engineering releases and utilities from the manufacturer. Designs, codes, tests, debug and document those programs. The Contractor shall have responsibility for the evaluation of new and existing software products. The Contractor shall assist other systems programmers to effectively utilize the system's technical software.

- 2.6.1** Access, analyze, and recommend need for new interface to be added to MHS systems solutions.
- 2.6.2** Ensure all interfaces necessary to support patient care and associated business processes are supported by the DHMSM system solution and ensure appropriate guidance is provided to the interface development team to ensure interfaces are implemented efficiently and in accordance with the enterprise architecture strategy.
- 2.6.3** Engage with interface stakeholders to understand the business needs for interfaces. Negotiate best strategic approach for interface development to be mutually efficient and consistent with DHA Enterprise Architecture.
- 2.6.4** Identify and decompose interface requirements (functional and non-functional) that are sufficient to guide interface design and test and are necessary to ensure stakeholders business needs will be satisfied with the solution once implemented.
- 2.6.5** Collaborate with DHMSM to ensure architecture and data teams develop interface architectural models that can provide a systematic means for capturing and communicating interface requirements and data exchanges linked to business processes.
- 2.6.6** Work with interface stakeholders to collect and refine data about interfaces that is needed to support interface development. Coordinate approval and schedule for implementation.

2.7 Subject Matter Expert In Systems Engineering – Engineering Subject Matter Specialist

Advise and assist healthcare workflow, change management and governance as they relate to the components of the MHS Genesis inpatient and ambulatory care modules. Activities shall include, but not limited to:

- 2.7.1** Assist with the observation and review of MHS Genesis change management strategies and packages to ensure clinical relevance, alignment with clinical workflows and impacts to end user adoption.
- 2.7.2** Provide strategic and day-to-day operational support on validated change management and business

process management functions.

- 2.7.3** Provide strategic thought leadership for the MHS Genesis deployment to the DHMSM program office and key stakeholders to ensure historical experiences and decision making are identified, considered, and leveraged.
- 2.7.4** Identify and document user requirements related to strategic and tactical data/health analytics and user adoption measures, ensure alignment between the enterprise and Military Treatment Facilities (MTFs).
- 2.7.5** Assist in early identification and reporting of high-risk issues to the CMIO and PMO Product Manager including recommendations for risk management.
- 2.8 Subject Matter Expert in Cyber Security – Chief Information Security Officer (SEPARATE CLIN 0002 – Task 2.8.1 – 2.8.3)**
 - 2.8.1 Cyber Threat Detection and Analysis**
 - 2.8.1.1 Evaluate defensive cyber operations and cybersecurity monitoring capabilities
 - 2.8.1.2 Develop cyber threat intelligence including attack surface profiles and adversary tactics, techniques, and procedures
 - 2.8.1.3 Develop an external cyber threat exposure report for DHMSM program and mission partners
 - 2.8.1.4 Model cyber threat impact on DHMSM program and mission partner IT architecture
 - 2.8.2 Vulnerability and Compliance Analysis**
 - 2.8.2.1 Evaluate DHMSM program and mission partner systems for compliance with Risk Management Framework (RMF), Security Technical Implementation Guidance, Information Assurance Vulnerability Alert, and other DoD policies
 - 2.8.2.2 Identify compliance gaps and vulnerabilities
 - 2.8.2.3 Perform cyber threat assessment to identify indicators of attack and compromise
 - 2.8.2.4 Perform residual risk assessment
 - 2.8.2.5 Recommend mitigation and remediation steps
 - 2.8.2.6 Prioritize risk areas for implementation
 - 2.8.3 Support DHMSM with Cyber policy**
 - 2.8.3.1 Coordinate formal memorandums including Authority to Operate, Risk Acceptance and POA&M extension
 - 2.8.3.2 Evaluation of DHA systems and devices against DoD security policies and best practice guidelines
 - 2.8.3.3 Identify compliance gaps and vulnerabilities
 - 2.8.3.4 Recommend mitigation and remediation steps
 - 2.8.3.5 Architecture review and analysis
 - 2.8.3.6 Coordinate architecture updates with DHMSM program stakeholders
 - 2.8.3.7 Support new connections and cyber architecture at MTF locations
 - 2.8.3.8 Provide support for technical architecture meetings and working group discussions
 - 2.8.3.9 Prioritize risk areas for implementation

Deliverables:**Deliverable #9** -- As-Is Infrastructure Map, Key Cyber Terrain Map, and Attack Path Graphs**Deliverable #10** -- Cyber Threat and External Exposures Report**Deliverable #11** -- Compliance Report and Findings Summary**Deliverable #12** -- Risk Assessment Report**Deliverable #13** -- Mitigation/Remediation (Plan of Action and Milestones)**2.9 Enterprise Issue Resolution (Functional Incident Management) (SEPARATE CLIN 0003)**

The Contractor shall be responsible for managing functional incidents that are assigned to the EHR Steering Group queue in GSC Remedy as functional Requests for Change (RFC) and require functional adjudication and Governance approval prior to implementation. Functional incidents include incidents and issues that are logged into GSC Remedy and assigned to the EHR Steering Group prior to being assigned to a WSC or Tri-Service Workflow Assignment Group (TSWAG) queue in the GSC Remedy for review and resolution. The Contractor shall carry out the following functional incident management related tasks:

2.9.1 Remedy Queue Management

2.9.1.1 Obtain and maintain full access Web-based tools as directed by the Government. Such tools include, but are not limited to: GSC Remedy; GSC Remedy Dashboards; Cerner Remedy; Cerner xMatters; Cerner Lights On Reporting Tool; uCern; GSC Remedy Analytics and Reporting; and IBM Rational Team Concert (RTC) Jazz.

2.9.1.2 Manage incidents assigned to the EHR Steering Group queue in GSC Remedy which includes:

- Reviewing incidents for data quality (i.e., ensure the request being made is clear and all necessary decision making information is present)
- Summarizing the request and history associated with each ticket to ensure decisions can be made quickly and effectively
- Researching questions asked by the EHR Steering Group Co-Chairs
- Coordinating with external entities such as the PMO, Tier 3, and/or the Site and submitters
- Documenting the feedback received in the Remedy Tool
- Ensuring submitters and end users stay informed of incident status and decisions
- Assigning new incidents to WSC or TSWAG queues for functional adjudication
- Ensuring all functional Governance criteria are met for approved incidents prior to assigning incidents to the appropriate PMO queue(s) for further action
- Tracking approved incidents all the way through to the release process, to include ensuring a functional sponsor is identified to validate each change prior to it being released to the field

2.9.1.3 Work with the appropriate subject matter experts (SMEs) to maintain the MHS GENESIS Standard Change List (SCL), while ensuring coordination with the DHMSM PMO for version control and dissemination.

2.9.1.4 Manage e-mail correspondence via the GSC Remedy email system, the EHR Steering Group inbox in MS Outlook, and any other form of electronic correspondence required to ensure all Stakeholders remain engaged and informed. Monitor the EHR Steering Group inbox, responding to inquiries and/or notifying other team members as needed.

2.9.2 Meeting Management

Provide support for Functional Incident Management meetings to include, but not limited to the EHR Steering Group meetings (e.g., Triage and Bi-Weekly), WSC Synch meetings (monthly), WSC Executive meetings (Weekly), and additional functional meetings such as the Functional Advisory Council (FAC), WSCs, and TSWAGs, as needed.

2.9.2.1 Support the following meeting management tasks to include, but not limited to:

- Preparing and disseminating Read-Aheads for various forums such as the EHR Steering Group triage and bi-weekly meetings
- Preparing meeting minutes for Task Leads, Co-Leads, or Co-Chairs to review and disseminate to a larger audience
- Maintaining distribution lists for various meeting forums to ensure all stakeholders are engaged and informed
- Maintaining a repository of Read-Aheads, meeting minutes, and slide decks generated

2.9.2.2 Serve as the Functional Incident Management representative in forums involving the overarching Enterprise Issue Resolution process. Such meetings include, but are not limited to: Enterprise Issue Resolution Core Team meetings; the Issue Resolution Training Team events; Enterprise Issue Resolution Tabletops; and Go-Live events in Vienna and/or at Military Treatment Facilities (MTFs).

2.9.3 Training Management (Deliverable 14)

Support the creation and maintenance of Enterprise Issue Resolution training materials required for stakeholders assigned to organizations and groups such as the Military Treatment Facilities (MTFs), the FAC, WSCs, TSWAGs, and the EHR Steering Group.

2.9.3.1 Coordinate with other groups, such as the DHMSM Deployment team, to maintain existing Enterprise Issue Resolution training materials such as the Overview, Remedy Queue Management, GSC Dashboard (Basic and Advance), Local Steering Committee Setup and Management, User Account Provisioning, and Knowledge Management.

2.9.3.2 Develop tailored training materials for forums such as the WSCs, TSWAGs, and Super User/Change Network calls per the Government's direction.

2.9.3.3 Maintain version control in coordination with the appropriate organizations and POCs.

2.9.4 Reporting and Analysis

Collect and analyze incident data from various sources to fulfill recurring and ad hoc reporting requirements. The contractor is required to possess expert, applied skills, knowledge, and abilities in Microsoft (MS) Office applications, to include MS Excel, MS Power Point, MS Word, MS Visio, and MS Access.

2.9.4.1 Prepare recurring reports and analysis in the form of MS Excel workbooks and MS Power Point Presentations to include the following:

- Bi-Weekly EHR Steering Group Triage and Meeting Read-Aheads that require analysis of data extracts from the GSC Remedy Dashboards.
- Monthly WSC Collaboration Group (i.e., Monthly WSC Synch) briefing slides on EHR Steering Group and Enterprise Issue Resolution activities, which requires evaluation and analysis of data extracts from the GSC Remedy Tool and GSC Remedy Dashboard reports, the listing of accomplishments and upcoming items, and an updated status of outstanding action items.

2.9.4.2 Run ad-hoc reports and conduct in depth analysis of reports per the direction of Government points of contact such as the EHR Steering Group Co-Leads, FAC Executive Members, and DHMS leadership. Such ad hoc reports and analysis shall include, but will not be limited to:

- Building and managing reports to report metrics in various ways (e.g., Site, Department, Product, Priority, Assigned Group)
- Collecting data and tracking metrics associated with RFCs (e.g., Time to escalate incidents between GSC Remedy queues; Number of incidents by Site, Department, Product; Change Type; Incident Disposition)

- 2.9.4.3 Cross-referencing GSC Dashboard reports, to include data extracts, to better understand queue performance management, queue turnaround time, and queue throughput.

2.9.5 Process Improvement

Continuously evaluate processes to improve the Enterprise Issue Resolution process, to include identifying areas that will improve incident processing efficiency, effectiveness, accuracy, and timeliness. The contractor shall be responsible for the following process improvement related efforts:

- 2.9.5.1 Coordination of roles and responsibilities to ensure continuity of support at all times.
- 2.9.5.2 Identification of areas for improved Data Quality, such as streamlining how incidents are documented and tagging incidents by Change Type in GSC Remedy, for improved reporting and information flow across the Enterprise Issue Resolution Process.
- 2.9.5.3 Participation in Governance discussion regarding the development of functional requirements based on RFCs submitted from the field.
- 2.9.5.4 Development of process assets and process flows, such as Standard Operating Procedures (SOPs), Quick Reference Guides (QRGs), and Management Plans, to support repeatable processes.
- 2.9.5.5 Identification of Lessons Learned that when applied to existing processes will result in measurable improvements (i.e., reporting) as a result of updates to process flows (e.g., SOPs, QRGs).

2.9.6 Go-Live/Wave Fielding (**SEPARATE CLIN 0004**) – **OVER & ABOVE TASK**

As the DoD's EHR modernization effort is fielded to future MTFs/Sites via deployment blocks called Waves, the contractor shall provide incident management surge support to cover Enterprise Issue Resolution training and command center operations across multiple waves simultaneously without degradations to the functional incident management support provided as a result of MTFs/Sites already in Sustainment.

2.9.6.1 Training Support

Provide on-site training support at MTFs/Sites per the Government's direction to educate MTF Stakeholders on Enterprise Issue Resolution prior to Go-Lives at their respective MTF locations. The contractor may be required to:

- Coordinate with the appropriate DHMS POCs to coordinate training dates, locations, and audience members (i.e., trainees)
- Travel to the MTFs/Sites and Lead training sessions or support other trainers on all Enterprise Issue Resolution training modules
- Develop trip summaries that capture training support information such as trainee feedback, number of trainees trained, and training modules trained, to capture areas for improvements and to provide data points to assist DHMS and MTF leadership with the MTF Stakeholders' readiness for their upcoming Go-Live event (**Deliverable #15**)
- Coordinate and consult with the DHMS POCs who are responsible for the development of Computer Based Training materials covering the Enterprise Issue Resolution training modules
- Coordinate and consult with GSC staff at DHA to ensure all updates in Remedy are captured in the latest Enterprise Issue Resolution training materials

2.9.6.2 Command Center Support

Provide support to Command Centers in both Vienna, VA and if required by the Government, at local MTF/Sites during the 14 days of Go-Live/Command Center activities. During these events the contractor

shall carry out the following tasks:

- Prepare and disseminate Read-Aheads for the RFC incident triage and the daily EHR Steering Group meetings
- Conduct ongoing triage of new Request for Change (RFC) incidents to identify WSCs and/or TSWAGs for assignment
- Assign RFC incidents to the appropriate WSC and/or TSWAG and communicate the assignment to the appropriate assigned group
- Facilitate daily EHR Steering Group meetings and capture discussions in the form of meeting minutes to: 1) update to the corresponding ticket in GSC Remedy; and 2) update the meeting minutes.
- Conduct ongoing data quality checks of the tagging, categorizing, and updates of tickets to ensure accuracy in metrics and reporting.
- Analyze and report on RFC incident decisions using GSC Remedy and GSC Remedy Dashboard reports as required by the Government.
- Participate in Daily PMO Configuration Control Board meetings to ensure that approved RFCs resulting in enterprise changes to the solution baseline are appropriately captured and logged prior to implementation.
- Capture Lessons Learned in the form of After Action Items to gauge areas for future process improvements

2.10 Enterprise Issue Resolution (PMO Incident Management Support) (SEPARATE CLIN 0005)

The contractor shall be responsible for managing all change requests that are assigned to the PMO queues in GSC Remedy, to include, but not limited to software defects, functional requests for change (RFC), and future enhancements, that require PMO reconciliation and mapping to requirements, clearance through the PMO (and if necessary PEO DHMS) Configuration Control Board (CCB) processes, prior to obtaining Government approval to implement via software release management processes. The contractor shall concern itself with all incidents and issues that are logged into GSC Remedy regarding the DoD EHR modernization effort and will be directly responsible for managing those assigned to the Tier 3 and PMO queues. The contractor shall carry out the following incident management related tasks:

2.10.1 Remedy Queue Management

2.10.1.1 Obtain and maintain full access Web-based tools as directed by the Government. Such tools include, but are not limited to: GSC Remedy; GSC Remedy Dashboards; Cerner Remedy; Cerner xMatters; Cerner Lights On Reporting Tool; uCern; GSC Remedy Analytics and Reporting; and IBM Rational Team Concert (RTC) Jazz.

2.10.1.2 Manage incidents assigned to multiple PMO-related queues in GSC Remedy, as directed by the Government, which includes:

- Reviewing incidents for data quality (i.e., ensure the request being made is clear and all necessary decision making information is present)
- Summarizing the request and history associated with each ticket to ensure decisions can be made quickly and effectively
- Researching questions asked by various Stakeholder groups (e.g., the EHR Steering Group, Tier 3 vendors)
- Coordinating with internal and external entities such as other PMO Tier 3, and/or the Site and submitters
- Documenting the feedback received in the Remedy Tool
- Ensuring submitters and end users stay informed of incident status and decisions
- Assigning new incidents to other queues associated with the Enterprise Issue Resolution process for adjudication and resolution

- Ensuring all functional Governance criteria are met for approved incidents prior to assigning incidents to the appropriate PMO queue(s) for further action
- Tracking approved incidents all the way through to the release process, to include ensuring any new requirements are appropriately documented and coordinating with functional sponsors identified to validate changes prior to it being released to the field
- Ensure approved incidents are tracked in RTC Jazz for the Requirements Management, CCB, and Release Management and that GSC Remedy and that all information captured in the GSC Remedy are annotated in RTC Jazz and vice versa for each incident.

2.10.1.3 Work with the appropriate subject matter experts (SMEs) to maintain the current version of the Standard Change List (SCL), while ensuring coordination with the appropriate external groups (i.e., EHR Steering Group) for version control and dissemination.

2.10.1.4 Manage e-mail correspondence via the GSC Remedy email system, various PMO inboxes in MS Outlook, and any other form of electronic correspondence required to ensure all Stakeholders remain engaged and informed. The contractor shall monitor the PMO designated email inboxes, responding to inquiries and/or notifying other team members as needed.

2.10.2 Meeting Management

Provide support for Incident Management related meetings to include, but not limited to the DHMS CCBs, WSC Synch meetings (monthly), Release Management meetings, Sustainment meetings, and additional functional meetings such as the Functional Advisory Council (FAC), WSCs, and TSWAGs, as required.

2.10.2.1 Support meeting management tasks to include, but not limited to:

- Preparing and disseminating Read-Aheads
- Preparing meeting minutes for Task Leads, Co-Leads, or Co-Chairs to review and disseminate to a larger audience
- Maintaining distribution lists for various meeting forums to ensure all stakeholders are engaged and informed
- Maintaining a repository of Read-Aheads, meeting minutes, and slide decks generated

2.10.2.2 Serve as a representative in forums involving the overarching Enterprise Issue Resolution process. Such meetings include, but are not limited to: Enterprise Issue Resolution Core Team meetings; the Issue Resolution Training Team events; Enterprise Issue Resolution Tabletops; and Go-Live events in Vienna and/or Military Treatment Facilities (MTFs).

2.10.3 Training Management

Support the creation and maintenance of Enterprise Issue Resolution training materials required for stakeholders assigned to organizations and groups such as the Military Treatment Facilities (MTFs), the FAC, WSCs, TSWAGs, and the EHR Steering Group.

2.10.3.1 Coordinate with other groups, such as the DHMSM Deployment team, to maintain existing Enterprise Issue Resolution training materials such as the Overview, Remedy Queue Management, GSC Dashboard (Basic and Advance), Local Steering Committee Setup and Management, User Account Provisioning, and Knowledge Management.

2.10.3.2 Develop tailored training materials for forums such as the WSCs, TSWAGs, and Super User/Change Network calls per the Government's direction.

2.10.4 Reporting and Analysis

Collect and analyze incident data from various sources to fulfill recurring and ad hoc reporting requirements. The contractor is required to possess expert, applied skills, knowledge, and abilities in Microsoft (MS) Office applications, to include MS Excel, MS Power Point, MS Word, MS Visio, and MS

Access.

2.10.4.1 Prepare recurring reports and analysis in the form of MS Excel workbooks and MS Power Point Presentations to include the following:

- Monthly WSC Collaboration Group (i.e., Monthly WSC Synch) briefing slides from the PMO perspective which requires evaluation and analysis of data extracts from the GSC Remedy Tool and GSC Remedy Dashboard reports, the listing of accomplishments and upcoming items, and an updated status of outstanding action items.
- Metrics and status updates for any additional recurring meetings (e.g., Weekly HOWDOWN, monthly Senior Stakeholders Group), regarding incident management and/or enterprise issue resolution from the PMO perspective.

2.10.4.2 Run ad-hoc reports and conduct in depth analysis of reports per the direction of Government points of contact such as the FAC Executive Members and DHMS leadership. Such ad hoc reports and analysis shall include, but will not be limited to:

- Building and managing reports to report metrics in various ways (e.g., Site, Department, Product, Priority, Assigned Group)
- Collecting data and tracking metrics associated with changes (e.g., Time to escalate incidents between GSC Remedy queues; Number of incidents by Site, Department, Product; Change Type; Incident Disposition)

2.10.4.3 Cross-referencing GSC Dashboard reports, to include data extracts, to better understand queue performance management, queue turnaround time, and queue throughput.

2.10.5 Process Improvement

Continuously evaluate processes to improve the Enterprise Issue Resolution process, to include identifying areas that will improve incident processing efficiency, effectiveness, accuracy, and timeliness. The Contractor shall be responsible for the following process improvement related efforts:

2.10.5.1 Coordination of roles and responsibilities to ensure continuity of support at all times.

2.10.5.2 Identification of areas for improved Data Quality, such as streamlining how incidents are documented and tagging incidents by Change Type in GSC Remedy, for improved reporting and information flow across the Enterprise Issue Resolution Process.

2.10.5.3 Participation in Governance discussion regarding the development of functional requirements based on RFCs submitted from the field.

2.10.5.4 Development of process assets and process flows, such as Standard Operating Procedures (SOPs), Quick Reference Guides (QRGs), and Management Plans, to support repeatable processes.

2.10.5.5 Identification of Lessons Learned that when applied to existing processes will result in measurable improvements (i.e., reporting) as a result of updates to process flows (e.g., SOPs, QRGs).

2.10.6 Go-Live/Wave Fielding – (Separate CLIN 0006) OVER & ABOVE CLIN

As the DoD's EHR modernization effort is fielded to future MTFs/Sites via deployment blocks called Waves, the contractor shall provide incident management surge support to cover Enterprise Issue Resolution training and command center operations across multiple waves simultaneously without degradations to the functional incident management support provided as a result of MTFs/Sites already in Sustainment.

2.10.6.1 Training Support

The contractor shall provide on-site training support at MTFs/Sites per the Government's direction to

educate MTF Stakeholders on Enterprise Issue Resolution prior to Go-Lives at their respective MTF locations. The contractor may be required to:

- Coordinate with the appropriate DHMS POCs to coordinate training dates, locations, and audience members (i.e., trainees)
- Travel to the MTFs/Sites and Lead training sessions or support other trainers on all Enterprise Issue Resolution training modules
- Develop trip summaries that capture training support information such as trainee feedback, number of trainees trained, and training modules trained, to capture areas for improvements and to provide data points to assist DHMS and MTF leadership with the MTF Stakeholders' readiness for their upcoming Go-Live event (**Deliverable 16**)
- Coordinate and consult with the DHMS POCs who are responsible for the development of Computer Based Training materials covering the Enterprise Issue Resolution training modules
- Coordinate and consult with GSC staff at DHA to ensure all updates in Remedy are captured in the latest Enterprise Issue Resolution training materials

2.10.6.2 Command Center Support

The contractor shall provide support to Command Centers in both Vienna, VA and if required by the Government, at local MTF/Sites during the 14 days of Go-Live/Command Center activities. During these events the contractor shall carry out the following tasks:

- Prepare and disseminate Read-Aheads as needed
- Participate in daily EHR Steering Group meetings and capture Requests for Change (RFCs) that have been approved
- Conduct ongoing data quality checks of the tagging, categorizing, and updates of tickets to ensure accuracy in metrics and reporting.
- Analyze and report on CCB decisions using GSC Remedy and GSC Remedy Dashboard reports as required by the Government.
- Actively participate in Daily PMO Configuration Control Board (CCB) meetings to ensure that approved changes resulting in enterprise changes to the solution baseline are appropriately captured and logged in RTC Jazz prior to implementation.
- Capture Lessons Learned in the form of After Action Items to gauge areas for future process improvements

2.11 Surge Support (Separate CLIN 0007) - OVER & ABOVE CLIN

In the event there are unanticipated increased PEO or PMO demands for support services, the Government reserves the right to exercise "surge" option CLINs for additional hours and additional test personnel.

Optional surge capability support will be invoked at the Government's discretion through a written task order modification issued by the GSA Contracting Officer. Prior to awarding the modification, the Contracting Officer will provide the Contractor with a written request for surge capability specifying the unforeseen, ad hoc or unplanned increases in workload support required, the nature of work to be performed, deliverables, and required timeframes. The Contractor shall respond to this request in writing within five (5) business days with a quote showing the proposed staffing plan and notional schedule to meet the government's requirements.

2.11.1 If the Government requires additional urgent support services, the Contractor shall provide additional hours and/or test personnel within five (5) business days of request by the Government, across any or all

functional areas, for an amount of time to be determined by the Government. If the Government requirement is not identified as urgent, the normal response time is ten (10) business days from request. The Contractor shall be prepared at all times during the performance of this contract to respond to such unanticipated surges in demand for support services, making available qualified personnel in accordance with this PWS. The Contractor shall also be required to support additional program offices, if assigned, due to ongoing reorganization within the Military Health System (MHS) and the Defense Health Agency (DHA).

- 2.11.2** If the Government requires additional surge support services, the Contractor shall provide additional hours at the request of the Government, across any or all functional areas, for the number of hours to be determined by the Government. The Contractor shall be required to support additional program offices, as assigned, due to ongoing reorganization within MHS and DHA.

3. Management

- 3.1 Project Management:** The Contractor shall provide a Program Manager (PM) to facilitate Government-Contractor communications. The PM shall be the primary technical and managerial interface between the Contractor and Contracting Officer (CO) and the Contracting Officer's Representative (COR). The name of this person and an alternate, who shall act for the Contractor when the Program Manager is absent, shall be designated in writing to the CO. The PM or alternate will have full authority to act for the Contractor on all contract matters relating to daily operations.

The PM or alternate must be available during normal duty hours, as specified herein and to meet with government personnel within 24 hours to discuss problems.

The Contractor's PM shall meet with the CO/COR as necessary to maintain satisfactory performance and to resolve other issues pertaining to Government/Contractor procedures. At these meetings, a mutual effort will be made to resolve any and all problems identified. Written minutes of these meetings shall be prepared by the Contractor, signed by the Contractor's designated representative, and furnished to the Government within two (2) workdays of the subject meeting.

- 3.2 Task Management:** The Contractor shall provide sufficient management to ensure that this task is performed efficiently, accurately, on time, in compliance with the requirements of this document and any national standards. Specifically, the Contractor shall designate a single manager to oversee each task on this contract and to supervise staff assigned to each task.
- 3.3 Process Improvement:** As part of its effort to improve quality and performance, and to reduce cost and schedule, the PEO has established processes that are based on industry best practices. The Contractor shall demonstrate repeatable, verifiable processes based on known industry standards such as CMMI or ISO. The Government expects the contractor to support its efforts in this endeavor by following industry best practices

4. OTHER PERFORMANCE REQUIREMENTS

4.1 Post Award Kick-Off Meeting

- 4.1.1** Within (5) five business days of award, the Contractor shall conduct a kick-off briefing (**Deliverable #2**) for the Government. This meeting shall not exceed two (2) hours in length. The intent of the briefing is to initiate the communication process between the Government and Contractor by introducing key task participants and explaining their roles, reviewing communication ground rules, and assuring a common understanding of subtask requirements and objectives.

The kick-off meeting will be held at the Government's facility or another designated location and the date and time will be mutually agreed upon by both parties.

The completion of this briefing will result in the following:

- a. Introduction of both Contractor and Government personnel performing work under this Task Order.
- b. The Contractor will demonstrate confirmation of their understanding of the work to be accomplished under this PWS.

4.2 Phase-Out Transition

The Contractor shall participate in a phase-out period, at no additional cost to the Government, in order to allow for a smooth and orderly transfer of responsibility to a successor Contractor. At the request of the COR, the Contractor shall develop and provide a draft with proposal and a final Phase-Out Transition Plan (**Deliverable #3**) 60 days prior to the end of the contract that will be used to transition tasks and materials to a new Contractor, or to the Government. The Contractor shall provide a plan for a 60-day outgoing transition for transitioning activities and/or materials from the incumbent to the next Contractor or Government entity. In accordance with the Government-approved Phase-Out Transition Plan, the Contractor shall assist the Government in implementing a complete transition from this Contractor to the successor Contractor or to the Government. This includes formal coordination with Government staff and successor staff and management, delivery of copies of existing policies and procedures, and delivery of required metrics and statistics.

4.3 Program Management Plan

The Contractor shall develop a Program Management Plan (**Deliverable #4**).

The Management Plan shall consist of the organizational structure, the assignment of functions, duties, and responsibilities, the procedures and policies and the reporting requirements that are established for the initiation, monitoring, control, completion, test, and verification, and reporting of contractual tasks, projects, and programs. The Contractor shall submit a draft plan with initial proposal and a final copy will be submitted 30 calendar days after contract award. The Management Plan shall cover the, program management methodology, personnel, security, and the reports as described herein.

- a. Standardization of program management (PM) processes and procedures
- b. Maintenance of PM guidelines to ensure they are current (at least on annual basis)
- c. Communication/coordination with other Contractor staff

4.4 Other Government Meetings

The Contractor, at the direction of the Government, shall schedule and participate in other Government meetings

Participation will be via telecon, video-telecon or collaborative software tools unless travel for onsite representation is directed by the Government or required by the Contractor to meet performance requirements. Participation by the Contractor includes preparing briefing materials, facilitating discussions, and configuring telecons, video telecons, and collaborative software tools.

4.5 Clearance/Access Requirements

As a minimum, Contractor personnel performing work under this task order must obtain an Automated Data Processing (ADP)/IT-II) Security Clearance and maintain the level of security required for the life of the contract. Submission of clearance paperwork in the EQIP system, and a satisfactory local background check will occur prior to charging hours to the contract. Some positions may require a Secret Clearance or Top Secret Clearance for some tasks contained in this PWS. The appropriate level of security and security training, i.e., DoD Information Assurance Awareness Training will be maintained throughout the life of the contract. The Contractor shall adhere to all DHA personnel security requirements for Contractor personnel. The Contractor shall be responsible for safeguarding all Government equipment, information and property provided for Contractor use. As appropriate, at the close of each work period, Government facilities, equipment, and materials shall be secured.

4.5.1 Key Control

The Contractor shall establish and implement methods of making sure all keys/key cards issued to the Contractor by the Government are not lost or misplaced and are not used by unauthorized persons. (Note: All references to keys include key cards.) No keys issued to the Contractor by the Government shall be duplicated. The Contractor shall develop procedures covering key control that shall be included in the Quality Control Plan (**Deliverable #5**). Such procedures shall include turn-in of any issued keys by personnel who no longer require access to locked areas. The Contractor shall immediately report any occurrences of lost or duplicate keys/key cards to the Contracting Officer and the COR.

In the event keys, other than master keys, are lost or duplicated, the Contractor shall, upon the direction of the COR (after notification to and approval from the Contracting Officer), re-key or replace the affected lock or locks; however, the Government, at its option, may replace the affected lock or locks or perform re-keying. When the replacement of locks or re-keying is performed by the Government, the total cost of re-keying or the replacement of the lock or locks shall be deducted from the monthly payment due the Contractor. In the event a master key is lost or duplicated, all locks and keys for that system shall be replaced by the Government and the total cost deducted from the monthly payment due the Contractor. The Contractor shall prohibit the use of Government-issued keys/key cards by any persons other than the Contractor's employees. The Contractor shall prohibit the opening of locked areas by Contractor employees to permit entrance of persons other than Contractor employees engaged in the performance of assigned work in those areas, or personnel authorized entrance by the Contracting Officer.

4.5.2 Lock Combinations

The Contractor shall establish and implement methods of ensuring that all lock combinations are not revealed to unauthorized persons. The Contractor shall ensure that lock combinations are changed when personnel having access to the combinations no longer have a need to know such combinations. These procedures shall be included in the Contractor's Quality Control Plan (**Deliverable #5**).

4.5.3 Personally Identifiable Information (PII), Protected Health Information (PHI) and Federal Information Laws

The Contractor shall ensure the confidentiality, integrity, and availability of Government data in compliance with The Privacy Act of 1974, The Freedom of Information Act (FOIA), and The Health Insurance Privacy and Accountability Act (HIPAA) as set forth in applicable statutes, implementing regulations and DoD issuances, as described in Personally Identifiable Information (PII), Protected Health Information (PHI), and Federal Information Requirements.

4.6 Contractor Interfaces

This Contractor and/or their subcontractors may be required as part of the performance of this effort to work with other Contractors working for the Government. Such other Contractors shall not direct this Contractor and/or their subcontractors in any manner. In addition, this Contractor and/or their subcontractors shall not direct the work of other Contractors in any manner.

4.7 Disclosure of Information

Information made available to the Contractor by the Government for the performance or administration of this effort shall be used only for those purposes and shall not be used in any other way without the written agreement of the Contracting Officer.

The Contractor agrees to assume responsibility for protecting the confidentiality of Government records which are not public information. Each Contractor or employee of the Contractor to whom information may be made available or disclosed shall be notified in writing by the Contractor that such information may be disclosed only for a purpose and to the extent authorized herein.

4.8 Limited Use of Data

Performance of this effort may require the Contractor to access and use data and information proprietary to a Government agency or Government contractor, which is of such a nature that its dissemination or use, other than in performance of this effort, would be adverse to the interests of the Government and/or others.

Contractor and/or contractor personnel shall not divulge or release data or information developed or obtained in performance of this effort, until made public by the Government, except to authorized Government personnel or upon written approval of the CO. The Contractor shall not use, disclose, or reproduce proprietary data that bears a restrictive legend, other than as required in the performance of this effort. Nothing herein shall preclude the use of any data independently acquired by the Contractor without such limitations or prohibit an agreement at no cost to the Government between the Contractor and the data owner, which provides for greater rights to the Contractor.

4.9 Hours of Work

The Contractor shall ensure support and coverage between the core hours of 0830-1700 Monday through Friday except Federal holidays or when the Government facility is closed due to local or national emergencies, administrative closings, or similar Government-directed facility closings.

4.10 Government Holidays

The following Government holidays are normally observed by Government personnel: New Year's Day, Martin Luther King's Birthday, Presidential Inauguration Day (metropolitan DC area only), President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day, any other day designated by Federal Statute, Executive Order, and/or Presidential Proclamation, or any other kind of administrative leave such as acts of God (i.e. hurricanes, snow storms, tornadoes, etc.), Presidential funerals or any other unexpected Government closures.

4.11 Payment for Unauthorized Work

No payments will be made for any unauthorized supplies and/or services or for any unauthorized changes to the work specified herein. This includes any services performed by the Contractor of their own volition or at the request of an individual other than a duly appointed Contracting Officer. Only a duly appointed Contracting Officer is authorized to change the specifications, terms, and conditions under this effort.

4.12 Contractor Personnel

The Contractor shall be responsible for managing and overseeing the activities of all Contractor personnel, as well as subcontractor efforts used in performance of this effort. The Contractor's management responsibilities shall include all activities necessary to ensure the accomplishment of timely and effective support, performed in accordance with the requirements contained in the statement of work. The Contractor shall submit resumes for employees designated as "Key Personnel" and shall contain documented experience directly applicable to the functions to be performed. Further, these prior work experiences shall be specific and of sufficient variety and duration that the employee is able to effectively and efficiently perform the functions assigned.

4.13 Contractor Employees

Contractor personnel shall present a neat appearance and be easily recognized as contractor employees by wearing a Security Identification Badges at all times while on Government premises. When Contractor personnel attend meetings, answer phones, and work in other situations where their status is not obvious to third parties, they must identify themselves as such to avoid creating the impression that they are government employees.

4.14 Enterprise-Wide Contractor Manpower Reporting Application

The Contractor Manpower Reporting (CMR): The Office of the Secretary of Defense (OSD) Personnel and Readiness (P&R) operates and maintains a secure data collection site where the Contractor shall report Contractor manpower (including subcontractor manpower). Purchases with a total contract value of \$3 million or more for services in the following service acquisition portfolio groups: logistics management services, equipment related

services; knowledge-based services; and electronics and communication services shall completely fill in all the information in the format using the following web address <http://www.ecmra.mil/>.

5. PLACE(S) OF PERFORMANCE

The work to be performed under this PWS shall be performed at the Contractor's site with meetings held with the Government either in-person or via teleconference. The PEO DHMS Headquarters is located at 1700 N. Moore St., Rosslyn, VA 22209 and the program offices are located at 1501 Wilson Blvd., Rosslyn, VA 22209. When the Contractor is at the Government Facilities, hoteling work space will be made available based on capacity constraints.

6. PERIOD OF PERFORMANCE

The period of performance for this effort is date of award for a period of twelve (12) months thereafter, hereto referred to as the Base Period. This effort includes four (4) 12-month option periods, which may be unilaterally exercised by the Government. Each option period is subject to the availability of funds.

7. DELIVERABLES/DELIVERABLE SCHEDULE

All deliverables shall be submitted to the COR, unless otherwise agreed upon. Unless otherwise specified, the Government will have a maximum of ten (10) working days from the day the draft deliverable is received to review the document, provide comments back to the contractor, approve or disapprove the deliverable(s). The Contractor will also have a maximum of ten (10) working days from the day comments are received to incorporate all changes and submit the final deliverable to the Government. All days identified below are intended to be workdays unless otherwise specified. All Deliverables shall be provided electronically to the Contracting Officer and COR.

7.1 Quality Control Plan

The Contractor shall develop and maintain an effective quality control (QC) program to ensure services are performed in accordance with this PWS. The Contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The Contractor's quality control program provides the means to ensure requirements identified within this PWS are met. The Contractor shall submit a Final Quality Control Plan (**Deliverable #5**) within 15 days of contract award. After acceptance of the quality control plan, the Contractor shall receive the Contracting Officer's acceptance in writing of any proposed change to the QC program.

7.2 Monthly Performance Review

The Contractor shall submit a Monthly Progress Report (**Deliverable #6**) that details the previous month's achievements and progress on emerging and existing activities, staffing plans and forecasts, as well as, financial analysis of contract expenditures including variance analysis compared to baselined and forecasted plans and section.

7.3 Quarterly Performance Review

The Contractor shall conduct Quarterly Performance Reviews (QPRs) detailing the previous quarter's achievements and progress on emerging and existing activities, staffing plans and forecasts, as well as, financial analysis of contract expenditures including variance analysis compared to baselined and forecasted plans and section. The Contractor shall deliver MPR briefing slides two (2) days prior to the scheduled meeting (**Deliverable #7**). The briefing shall include, at a minimum:

- a. Program status to include objectives met, work completed and work outstanding
- b. Notable achievements
- c. Issues or obstacles impeding progress and recommended solution
- d. Status of deliverables/milestones
- e. Issues and resolutions
- f. Resource planning/status

- g. Topics or issues identified by the COR
- h. Description of work completed and plans for next month
- i. ODC/Travel/costs

7.4 Contingency Operations Plan

The Contractor shall prepare and submit a Contingency Operations Plan to the Government (**Deliverable #8**). The Contingency Operations Plan shall be due ten (10) calendar days after the award of the contract, and shall be updated on a quarterly basis. The Contingency Operations Plan shall document Contractor plans and procedures to maintain DHA support during an emergency. The Contingency Operations Plan shall include the following:

- a. A description of the Contractor's emergency management procedures and policy
- b. A description of how the Contractor will account for their employees during an emergency
- c. Planned temporary work locations or alternate facilities
- d. How the Contractor will communicate with DHA during emergencies
- e. A list of primary and alternate Contractor points of contact, each with primary and alternate:
 - 1. Work phone numbers,
 - 2. Home phone numbers,
 - 3. Cell phone numbers, and
 - 4. E-mail addresses
- f. Procedures for protecting Government furnished equipment (if any)
- g. Procedures for safeguarding sensitive and/or classified Government information (if applicable)

7.5 Operations During Emergency Situations

Individual contingency operation plans shall be activated immediately after determining that an emergency has occurred, shall be operational within 12 hours of activation, and shall be sustainable until the emergency situation is resolved and normal conditions are restored or the contract is terminated, whichever comes first. In case of a life-threatening emergency, the COR will immediately make contact with the Contractor PM to ascertain the status of any Contractor personnel who were located in Government-controlled space affected by the emergency. When any disruption of normal daily operations occur, the Contractor PM shall promptly open an effective means of communication with the COR and verify:

- a. Key points of contact (Government and Contractor)
- b. Temporary work locations (alternate office spaces, telework, virtual offices, etc.)
- c. Means of communication available under the circumstances (e.g. email, webmail, telephone, FAX, courier, etc.)
- d. Essential work products expected to continue production by priority

The Contractor PM, in coordination with the COR, shall make use of the resources and tools available to continue DHA-contracted functions to the maximum extent possible under emergency circumstances. The Contractor shall obtain approval from the COR and CO prior to incurring costs over and above those allowed for under the terms of this contract. Regardless of contract type, and of work location, Contractors performing work in support of authorized tasks within the scope of their contract shall charge those hours accurately in accordance with the terms of this contract.

7.6 Quality Assurance Surveillance Plan (QASP)

The Government intends to utilize a Quality Assurance Surveillance Plan (QASP) to monitor the quality of the Contractor's performance. The oversight provided for in the order and in the QASP will help to ensure that service levels reach and maintain the required levels throughout the contract term. Further, the QASP provides the COR with a proactive way to avoid unacceptable or deficient performance, and provides verifiable input for the required Past Performance Information Assessments. A draft QASP will be provided by the Government and will be revised following contract award. The QASP will be a living document and may be updated by the Government as necessary.

By monitoring the Contractor, the COR will determine whether the performance levels set forth in the order have been attained. Performance standards are specified in the following **Performance Requirements Summary Matrix** found at **Attachment 01** in the Standard and Acceptable Quality Level columns. This Performance Requirements Summary Matrix serves as a draft QASP.

7.7 Deliverables Table

Del. #	PWS Ref	Title	Distro	Initial	Subsequent
1	8.1	Non-Disclosure Agreement	COR	Signed statements are due, from each employee assigned (including all subcontractors and consultants), prior to performing ANY work on this task order.	
2	4.1.1	Kick-off briefing	COR	5 Days after contract award (DACA)	
3		Phase-In Plan	CO	Proposal	
3	4.2	Phase-Out Transition Plan	COR	60 days prior to end of TO	As required
4	4.3	Program Management Plan (PMP)	COR	Draft: Proposal	Final 30 DACA
5	4.5.1 4.5.2 7.1	Quality Control Plan	COR	Draft: Proposal	Final: 15 DACA
6	7.2	Monthly Program Reviews	COR	45 days after contract award	Monthly
7	7.3	Quarterly Program Review	COR	Quarterly	
8	7.4	Contingency Operations Plan	COR	10 DACA	Quarterly
9	2.8	As-Is Infrastructure Map, Key Cyber Terrain Map and Attack Path Graphs	COR	As Required	As Required
10	2.8	Cyber Threat and External Exposures Report	COR	As Required	As Required
11	2.8	Compliance Report and Findings Summary	COR	As Required	As Required
12	2.8	Risk Assessment Report	COR	As Required	As Required
13	2.8	Mitigation/Remediation Plan	COR	As Required	As Required
14	2.9.3	Enterprise Issue Resolution training materials	COR	As Required	As Required
15	2.9.6.1	Trip Summaries (Functional)	COR	As Required	As Required
16	2.10.6.1	Trip Summaries (PMO)	COR	As Required	As Required

Note: Specific dates for deliverables due on a monthly or quarterly basis will be established at the post award kick-off briefing.

7.8 Deliverable Inspection and Acceptance Criteria

Final inspection and acceptance of all work performed, reports and other deliverables will be performed by the COR. Deliverables will be submitted electronically to the COR in a Microsoft Office or Adobe PDF compatible format.

7.8.1 Deliverable General Acceptance Criteria

General quality measures, as set forth below, will be applied to each work product received from the contractor under this PWS.

- a. Accuracy - Work products shall be accurate in presentation, technical content, and adherence to accepted elements of style.
- b. Clarity - Work products shall be clear and concise. Any/All diagrams shall be easy to understand and be relevant to the supporting narrative.
- c. Consistency to Requirements - All work products must satisfy the requirements of this statement of work.
- d. File Editing - All text and diagrammatic files shall be editable by the Government.
- e. Format - Work products shall be submitted in hard copy (where applicable) and in media mutually agreed upon prior to submission. Hard copy formats shall follow any specified Directives or Manuals.
- f. Time-lines - Work products shall be submitted on or before the due date specified in this PWS or submitted in accordance with a later scheduled date determined by the Government.

7.8.2 Deliverable Quality Assurance

The COR will review, for completeness, preliminary or draft documentation that the Contractor submits, and may return it to the Contractor for correction. Absence of any comments by the COR will not relieve the Contractor of the responsibility for complying with the requirements of this work statement. Final approval and acceptance of documentation required herein shall be by letter of approval and acceptance by COR.

The Contractor shall not construe any letter of acknowledgment of receipt material as a waiver of review, or as an acknowledgment that the material is in conformance with this work statement. Any approval given during preparation of the documentation, or approval for shipment shall not guarantee the final acceptance of the completed documentation. The COR will have the right to reject or require correction of any deficiencies found in the deliverables that are contrary to the information contained in the Contractor's accepted proposal. In the event of a rejected deliverable, the Contractor will be notified in writing by the COR of the specific reasons for rejection.

7.9 Data Rights

The Government has unlimited rights to all documents/material produced under this contract. These documents and materials may not be used or sold by the contractor without written permission from the CO. All materials supplied to the Government shall be the sole property of the Government and may not be used for any other purpose. This right does not abrogate any other Government rights.

7.9.1 Copyright Ownership

Unless otherwise provided, all copyrights produced under this contract will be owned by the Government, who will be considered the author of such materials. For all copyrights obtained under this contract, the contractor will irrevocably assign all rights, titles, and interests in materials, including all intellectual property rights, to the Government effective from the moment of creation of such materials.

Materials means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

For materials that are delivered under the contract, but that incorporate pre-existing materials not produced under the contract, the contractor will grant to the Government a nonexclusive, royalty-free, irrevocable license in such materials to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. The contractor will warrant and represent that contractor has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to grant such a license.

The Government shall receive prompt written notice of each notice or claim of infringement received by the contractor with respect to any data delivered under this contract

7.9.2 Clickwrap

Except with respect to commercial computer software as defined in DFARS 252.227-7014(a)(1), no contractor, subcontractor, or third-party license will be included with or imposed on software delivered pursuant to this contract the terms of which differ from or conflict with the terms of this contract, including, but not limited to, terms relating to rights in technical data, rights in noncommercial computer software and noncommercial computer software documentation, indemnification, and liability, delivered via clickwrap or otherwise, unless such license(s) or restriction(s) are approved by the CO in writing and expressly incorporated into the contract prior to the delivery of software subject to such license(s) or restrictions.

7.9.3 Patient Data Ownership

The Government shall own all patient and patient-derived data, regardless of where the data is stored or the media on which it may be recorded. Ownership includes rights such as control over access, sharing, and ultimate disposition. Patient data cannot be used, redistributed, or otherwise reproduced without the express written permission of the CO. Patient data and other related information must be safeguarded in compliance with the requirements and privacy rules established under HIPAA, the Privacy Act, and applicable other laws. Additionally, patient information may not be disclosed, sold, transferred, exchanged, or used for any commercial or other purpose unless required by the contract or authorized by the contracting officer. Violations of contractual obligations, regulations, and laws may subject the contractor to enforcement action by the Government, including civil and criminal penalties.

7.9.4 Data Mining

The contractor shall not engage in data mining of patient records or data, including prospectively capturing and analyzing data elements associated with individual patients. Data mining is defined as the practice of electronically sorting patient information through statistical models and intelligent technologies to uncover patterns and relationships contained within the data. This prohibition includes health, enrollment, payment, claims adjudication, and case or medical management records. The contractor may be subject to civil and criminal penalties for unauthorized or inappropriate disclosure and loss of data integrity related to data mining.

8. ADMINISTRATIVE CONSIDERATIONS

8.1 Non-Disclosure Agreement

The Contractor shall ensure that a DHMS Non-Disclosure Agreement is signed by all staff assigned to or performing on this contract before performing any work, including all subcontractors and consultants. The Contractor shall ensure that all staff understand and adhere to the terms of the non-disclosure statement, protecting the procurement sensitive information of the Government and the proprietary information of other contractors. **(Deliverable #1, Attachment 6).**

8.2 Correspondence

To promote timely and effective administration, correspondence shall be subject to the following procedures:

- a. Technical correspondence (where technical issues relating to compliance with the requirements herein) shall be addressed to the COR with an information copy to the CO and the Technology Project Executive (TPE).

- b. All other correspondence, including invoices, (that which proposes or otherwise involves waivers, deviations, or modifications to the requirements, terms, or conditions of this PWS) shall be addressed to the CO with an information copy to the COR.

9. OTHER DIRECT COST/TRAVEL

9.1 Other Direct Costs (ODCs)

This category includes travel, reproduction, hardware (laptops), and software. After award, all ODCs shall receive government COR approval prior to funds being expended. The Contractor should include Other Direct Charges in their cost proposal to cover any costs associated with travel and/or ODCs. ODCs are limited to GSA schedule holders, unless the items are on the holder's schedule. In the event that ODC's are required over the threshold, and the items are not on the Contractors schedule, the Contractor will provide to the COR market analysis documentation for all items that are required to be procured, that have an extended price of \$3,000.00 or greater. Market analysis may consist of actual quotes received (3 minimum) or cost comparisons based on published price schedules such as those found on the GSA Advantage website. The COR must approve all requests for final ODCs prior to the contractor incurring costs. The actual pricing of the required ODCs provided by the Contractor will be validated by the COR. The Contractor shall attach back up documentation/receipts to the invoice. Invoices for materials will not be paid until proper verification of backup documentation including purchase approval, competition documentation, and receipts

Senior Technical Strategic Advisor Support Services	Base Period
Other Direct Costs	
Hardware/Software	\$300,600.00
Hardware/Software (Optional)	\$14,400.00
Estimated Costs	\$315,000.00

9.2 Travel

The Contractor may be required to travel within the continental US (CONUS) or outside the continental US (OCONUS). The Contractor shall be required to attend meetings, conferences/symposia, and training within 50 miles of the National Capital Region (NCR) during the performance of this contract. The Contractor shall be authorized travel expenses consistent with the substantive provisions of the Joint Travel Regulation (JTR) and the limitation of funds specified in this contract. All travel requires prior Government approval/authorization and notification to the COR. Local travel less than a 20-mile round-trip radius will not be authorized for reimbursement. Mileage must be documented with a Trip Report providing the date, time, and purpose of the travel. The Trip Report shall be included in the MPR when applicable. This will be a not to exceed amount, and no travel is authorized unless prior Government approval from the COR is obtained.

The Contractor will be reimbursed for travel to provide support at a Government site or other site that may be specified and approved by the COR under this effort. All travel shall be approved by the COR in writing prior to commencement of travel. All travel requests will be submitted on a Request for Travel/Approval form (**Attachment 05**), and a COR approved/ signed and dated copy must be sent to the Contracting Officer to be placed in the file for invoice verification and approval by the Contracting Officer.

The Contractor will be reimbursed for actual allowable, allocable, and reasonable travel costs incurred during performance of this effort in accordance with the Federal Travel Regulations currently in effect on date of travel. [Reference FAR 31.205-46 Travel Costs]

Non-local travel must include the name of the traveler, travel itinerary, purpose of travel (event, exercise, workshop, etc.), and any other documentation requested by the Contracting Officer for Finance/Administration. A copy of an approved travel request form should be attached for reference. Travel will be reimbursed at actual direct cost in accordance with the limitations set forth in FAR 31.205-46. No indirect costs or profit are allowed for travel.

Senior Technical Strategic Advisor Support Services	Base Period
Other Direct Costs	
Travel	\$250,000.00
Travel (Optional)	\$80,000.00
Estimated Costs	\$330,000.00

10. SECTION 508 REQUIREMENTS

Any/all electronic and information technology (EIT) procured through this effort must meet the applicable accessibility standards at 36 CFR 1194. 36 CFR 1194 implements Section 508 of the Rehabilitation Act of 1973, as amended, and is viewable at <http://www.section508.gov>.

The Standards apply to the following:

- ☒ Software Applications and Operating Systems
- ☒ Web-based Information or Applications
- ☒ Telecommunication Products
- ☒ Video and Multimedia Products
- ☒ Self-Contained, Closed Products (e.g., Information Kiosks, Calculators, and Fax Machines)
- ☒ Desktop and Portable Computers

11. GOVERNMENT FURNISHED PROPERTY/INFORMATION

- 11.1 Facilities.** For any on-site or visiting personnel, the Government will provide the necessary workspace for the contractor staff to provide the support outlined in the PWS to include desk space, telephones, and other items necessary to maintain an office environment.
- 11.2 Utilities.** For any on-site or visiting personnel, the Government will provide all utilities in the facility that will be available for the contractor's use in performance of tasks outlined in this PWS. The Contractor shall instruct employees in utilities conservation practices. The contractor shall be responsible for operating under conditions that preclude the waste of utilities, which include turning off the water faucets or valves after using the required amount to accomplish cleaning vehicles and equipment.
- 11.3 Equipment.** The Government will provide access to fax machines, copiers/scanners, and printers while in Government facilities. The Contractor shall furnish laptops that meet minimum DHA standards and mapped by DHA for their personnel (See **Attachment 02** for DHA specifications).
- 11.4 Materials.** The Government will provide all necessary program documentation appropriate for the Contractor staff to provide the support outlined in the PWS.

12. PERSONNEL REQUIREMENTS

12.1 Key Personnel

The Contractor shall:

- a. Assign to this contract those key personnel listed in table below. No substitutions shall be made except in accordance with the terms below.
- b. Agree that during the first 12 months of the contract performance period no key personnel substitutions will be permitted unless such substitutions are necessitated by an individual's sudden illness, death, or termination of employment. In any of these events, the Contractor shall promptly notify the COR and Contracting Officer and provide the information required by paragraph (c) below. After the initial 12 month period, all proposed substitutions must be submitted in writing,

at least 15 calendar days (30 days if a security clearance is to be obtained) in advance of the proposed substitutions to the COR and Contracting Officer. These substitution requests shall provide the information required below.

- c. Requests for approval of substitutions under this PWS must be in writing and provide a detailed explanation of the circumstances necessitating the proposed substitutions. They must contain a complete resume for the proposed substitute or addition, and any other information requested by the Government to approve or disapprove the proposed substitutions. The Government reserves the right to meet all proposed substitutions to ensure they meet qualifications for the proposed position.

Key Personnel Designation

For the purpose of the overall performance of this effort, the following Contractor personnel shall be designated as key persons:

TABLE 1 - KEY PERSONNEL QUALIFICATIONS

Key Personnel	Qualifications
<p>Project Manager -- Assists the Government Leads and COR in working with the Government CO, and other Government management personnel and customer agency representatives.</p> <p>One Program Manager will be needed.</p>	<p>Bachelor's Degree in a related business or technical discipline, or the equivalent combination of education, technical training, or work/military experience. Minimum five (5) years of related experience, including supervisory experience. Experience in DoD EHR systems is preferred.</p>
<p>SME IT Cyber Security (Chief Information Security Officer) -- Regular coordination with the DHMSM program office and DoD CIO. The goal is to enable the DHMSM program to comply with current policy, directives, and orders and ensure the architecture meets adequate level of protection. The contractor shall provide DHA and DOD CIO with IT and cybersecurity support services.</p> <p>One Chief Information Security Officer will be needed.</p>	<p>Bachelor's degree (System /Software Security Engineering) with 10 years of relevant experience involving large complex systems, preferably projects involving health IT and multi-hospital, geographically dispersed enterprise electronic health record implementations. Of the required 10 years' experience, at least three (3) years shall be in direct support to Cyber Security Operations activities and must possess expert knowledge of the Qadium Software. Must have at least three (3) years' experience in Cyber Threat Analysis.</p>

*Note: The Government expects the key person identified in the offeror's quote to meet or exceed the education and experience identified for the labor category.

12.2 Provide Qualified Personnel

Contractor and all Contractor personnel shall possess all licenses, permits, training and certifications required to perform the contract requirements. Contractor personnel shall provide services and work in a professional and courteous manner and abide by applicable Defense Health Agency/PEO DHMS rules, regulations, and procedures, and present a neat appearance when working at government facilities. The Contractor shall provide curriculum vitae of all Key Personnel (Project Manager) proposed under this Task Order. The individual's training and qualifications shall meet all contract requirements for the position in which they are working.

ATTACHMENT LISTING

Attachment 01 - Performance Requirements Summary

Attachment 02 - Laptop Requirements

Attachment 03 - Definitions and Acronyms

Attachment 04 - Applicable Publications

Attachment 05 - Request for Travel/Approval Form

Attachment 06 - Non-Disclosure / Non-Use Agreement

Attachment 01: Performance Requirements Summary

The contractor service requirements are summarized into performance objectives that relate directly to mission essential items. The performance threshold briefly describes the minimum acceptable levels of service required for each requirement. These thresholds are critical to mission success.

By monitoring the Contractor, the COR will determine whether the performance levels set forth in the order have been attained. Performance standards are specified in the following Performance Requirements Summary Matrix in the Standard and Acceptable Quality Level columns.

Task	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentive
Deliverables	Submitted on time with no errors	Plan submitted by the due date with no errors	Not more than two deliverables can be submitted to the COR later than required or with errors	Periodic inspection of submission logs and 100% inspection of plan.	Positive past performance evaluation
Monthly Progress Report	Completed accurately and on time	Reports completed by the 20th day of the month with no errors	Not more than two failures to comply per quarter.	100% inspection of submission log and report	Positive past performance evaluation
Application Support	Applications support staff provides a wide variety of services including problem resolution, consultation, and work requests such as enhancements. Measure the satisfaction levels relating to the support provided by the applications areas.	Daily and/or as required	All support needs are fulfilled on time and within budget	100% of requested contractor support provided by the contractor	Positive past performance evaluation
Technical Needs	Shows understanding of requirements. Efficient and effective in meeting	Daily and/or as required	Satisfactory or higher	100% of requested contractor support provided by the	Positive past performance evaluation

	requirements. Meets technical needs and mission requirements. Offers quality services/products			contractor	
Project Milestones and Schedule	Quick response capability products completed, reviewed, delivered in timely manner Notifies customer in advance of potential problems	Daily and/or as required	Satisfactory or higher	100% of requested contractor support provided by the contractor	Positive past performance evaluation
Project Staffing	Currency of expertise. Personnel possess necessary knowledge, skills, and abilities to perform tasks.	Daily and/or as required	Satisfactory or higher	100% of requested contractor support provided by the contractor	Positive past performance evaluation

Attachment 02 - Laptop Requirements
Dell Latitude 14 5000 Series E5450 (Dell Latitude E Series compatible E-Port and Accessories) or equal
(Validate prior to purchase)

Del Latitude E7270 XCTOG (210-AFTV) (configured as follows)
8GB (1x8GB) 2133MHz DDR4 Memory (370-ACDD)
Internal Backlight Keyboard included GSA (583-BCUY)
Intel Dual-Band Wireless 8260 AC Wi-Fi + Bluetooth 4.1 Wireless Driver (2x2) (555-BCUZ)
M.2 256GB SATA Class 20 Solid State Drive (400-AHCC)
Windows 7 Professional English, French, Spanish 64bit (Includes Windows 10 Pro License) (619-AIKP)
US Order (332-1286)
Primary 4-cell 55W/HR Battery (451-BBPK)
No Wireless WAN Card (362-BBBB)
No Carrying Case (460-BBEX)
No Mouse (570-AADK)
Energy Star 6.1 (387-BBJU)
Intel Dual Band Wireless 8260 (802.11ac) W/ Bluetooth (555-BCMT)
E5 Power Cord (US) (537-BBBD)
Windows 10 Pro OS Recovery 64bit - DVD (620-AAYW)
BTO Standard Shipment (VS) (800-BBGU)
Safety/Environment and Regulatory Guide (English/French/Dutch) (340-AGIK)
ProSupport Flex Client: 7x24 Technical Support Assistance, 3 Years (955-4538)
Keep Your Hard Drive, 3 Year (984-1952)
Dell Limited Hardware Warranty Plus Service (998-0538)
ProSupport: Next Business Day Onsite, 3 Years (998-0541)
ProSupport Flex for Client, TAM, 3 Year (998-2515)

No UPC Label (389-BCGW)
No Out-of-Band Systems Management (631-AAQZ)
Resource DVD (340-AQUM) Fingerprint Reader and Smart Card Reader, SP Non Backlit,for English Keyboard (346-BBQJ)
Quick Reference Guide (340-AQHJ)
TAA Information (379-BBBW)
6th Generation Intel Core i7-6600U (Dual Core, 2.6GHz, 4MB cache) (379-BCFY)
Intel Core i7-6600U Processor Base, Integrated HD Graphics 520 (338-BHMT)
No DDPE Encryption Software (954-3465)
No Docking Station (452-BBSE)
MIX SHIP Shuttle Config (FED) (340-AQRL)
Dell Docking Spacer for Latitude (452-BBDB)
No FGA (817-BBBB)
No DDP ESS Software (634-BENZ)
Regulatory Label included (389-BEYY)
Intel Rapid Storage Technology (409-BBIV)
Intel Core i7 Label (389-BHGE)
Intel Ultrabook Label (389-BCVY)
Latitude E7270 Touch FHD (1920 x 1080) LCD, WIGIG (391-BCEV)
Microsoft Office 30 Day Trial (658-BCSB)
Dell Power Manager (340-ADFZ)
System Shipment, Latitude E7270 (340-AQHI)
Dell Data Protection Security Tools Digital Delivery/NB (422-0007)
SW,MY-DELL,CRRS (422-0052)
Dell Backup and Recovery Basic (637-AAAS)
Adobe Reader 11 (640-BBDF)
Dell Data Protection Protected Workspace (640-BBEV)

Dell(TM) Digital Delivery Cirrus Client (640-BBLW)
Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps),OptiPlex (658-BBMR)
Waves Maxx Audio Royalty (658-BBNF)
65W AC Adapter, 3-pin (492-BBEM)

Attachment 03 - Definitions and Acronyms

Definitions:

CONTRACTOR. A supplier or vendor awarded a contract to provide specific supplies or service to the government. The term used in this contract refers to the prime.

CONTRACTING OFFICER. A person with authority to enter into, administer, and or terminate contracts, and make related determinations and findings on behalf of the government. Note: The only individual who can legally bind the government.

CONTRACTING OFFICER'S REPRESENTATIVE (COR). An employee of the U.S. Government appointed by the contracting officer to administer the contract. Such appointment shall be in writing and shall state the scope of authority and limitations. This individual has authority to provide technical direction to the Contractor as long as that direction is within the scope of the contract, does not constitute a change, and has no funding implications. This individual does NOT have authority to change the terms and conditions of the contract.

DEFECTIVE SERVICE. A service output that does not meet the standard of performance associated with the Performance Work Statement.

DELIVERABLE. Anything that can be physically delivered, but may include non-manufactured things such as meeting minutes or reports.

KEY PERSONNEL. Contractor personnel that are evaluated in a source selection process and that may be required to be used in the performance of a contract by the Key Personnel listed in the PWS. When key personnel are used as an evaluation factor in best value procurement, an offer can be rejected if it does not have a firm commitment from the persons that are listed in the proposal.

PHYSICAL SECURITY. Actions that prevent the loss or damage of Government property.

QUALITY ASSURANCE. The government procedures to verify that services being performed by the Contractor are performed according to acceptable standards.

QUALITY ASSURANCE SURVEILLANCE PLAN (QASP). An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance.

QUALITY CONTROL. All necessary measures taken by the Contractor to assure that the quality of an end product or service shall meet contract requirements.

SUBCONTRACTOR. One that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor.

WORK DAY. The number of hours per day the Contractor provides services in accordance with the contract.

WORK WEEK. Monday through Friday, unless specified otherwise.

Acronyms and Abbreviations:

ACOR	Alternate Contracting Officer's Representative
CFR	Code of Federal Regulations
CONUS	Continental United States (excludes Alaska and Hawaii)

CO	Contracting Officer
COR	Contracting Officer Representative
COTR	Contracting Officer's Technical Representative
COTS	Commercial-Off-the-Shelf
DFARS	Defense Federal Acquisition Regulation Supplement
DMDC	Defense Manpower Data Center
DOD	Department of Defense
FAR	Federal Acquisition Regulation
HIPAA	Health Insurance Portability and Accountability Act of 1996
CO	Contracting Officer
OCI	Organizational Conflict of Interest
OCNUS	Outside Continental United States (includes Alaska and Hawaii)
ODC	Other Direct Costs
PIPO	Phase In/Phase Out
POC	Point of Contact
PRS	Performance Requirements Summary
PWS	Performance Work Statement
QA	Quality Assurance
QAP	Quality Assurance Program
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
QCP	Quality Control Program
TE	Technical Exhibit
VCS	Virtual Collaboration Site

Attachment 04 - Applicable Publications

APPLICABLE PUBLICATIONS (CURRENT EDITIONS): The Contractor must abide by all applicable regulations, publications, manuals, and local policies and procedures.

General References

- MHS Information Management (IM)/ Information Technology (IT) Strategic Plan, May, 2002 (update in progress)
- MHS IM/IT Program Plan, Volume I and II, August 1996 (on TRICARE web site)
- Defense Data Dictionary System (DDDS), November 24, 2003
- EIA649, "National Consensus Standard for Configuration Management"
- DODD 8320.1, "DOD Data Administration," June 26, 2009
- DODD 5000.1, Defense Acquisition, January 13, 2006
- DoDI 5000.2, The Defense Acquisition Process, April 5, 2002
- DoD Regulation 5200.2-R, "DoD Personnel Security Program," April 9, 1999
- DoD Regulation 5000.2-R, "Mandatory procedures for Major Defense Acquisition Programs (MDAP) and Major Automated Information System (MAIS) Acquisition Programs, April 5, 2002
- DoD Joint Technical Architecture, Version 3.0, October 2003 (update in progress).
- 52.246-1 Contractor Inspection Requirements, April 1984
- Principal Deputy Assistant Secretary for Health Affairs (PDASD-HA Memo, "Use of DoD Standards in MHS Migration Systems," 11 March 1996) (on TRICARE web site)
- MHS Architectural Framework, Version 2.1, November 4, 2010 (on TRICARE web site)
- Deputy Assistant Secretary of Defense for Health Budgets and Programs (PDASD-HBP Memo) "FY97 Defense Health Program (DHP) Funding Guidance – (updated annually)
- MHS *System Architecture and Design Guidance* (www.timp.oosd.mil/frame.cfm/comm-arch/)
- Configuration Management Master Plan (CMMP), Version 1.0, 29 September 2000
- DoD 5136.1-P, DoD Medical Readiness Strategic Plan, 1998-2004.
- The DoD Architecture Framework, Version 1.0 (Final Draft), May 18, 2009

Security References:

Federal

- Public Law 93-579, Privacy Act of 1974 (Section 552a of title 5, United States Code)
- Public Law 100-235, Computer Security Act of 1987 (Section 278g-3 of title 15, United States Code)
- OMB Circular A-130, "Management of Federal Information Resources, Transmittal 4," November 30, 2000
- Public Law 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA (Security [proposed] and Privacy)
- FISMA (New awaiting OMB or DoD implementation guidance)
- FIPS 31, Guidelines for Automatic Data Processing Physical Security and Risk Management, June 1974

DoD

- DOD 5200.1-R, Information Security Program, January 1997
- DOD 5200.8-R, Physical Security Program, May 1991
- DOD 5200.40, DoD Information Technology Security Certification and Accreditation Process (DITSCAP), December 1997
- DODD 8500.1, Information Assurance (IA), October 2001
- DOD 8510.1-M, DoD Information Technology Security Certification and Accreditation Process (DITSCAP) Application Document, July 2000

MHS

- MHS Information Assurance (IA) Policy/Guidance Manual, Version 1.2, January 2003
- MHS Enterprise Architecture Contract Language for Information Technology, 110706v1 PM. Reference <http://www.tricare.mil/jmis/enterprise-pm.cfm> for information and requirements
- MHS Information Assurance (IA) Implementation Plan, Version 1.0, January 2003

DISA

- DISA WESTHEM Security Handbook, Version 3, December 2000

NIST

- SP 800-14 Generally Accepted Principles and Practices for Securing Information Technology Systems, September 1996
- SP 800-18 Guide for Developing Security Plans for Information Technology Systems, December 1998
- NIST SP 800-26 Security Self-Assessment Guide for Information Technology Systems, August 2001
- SP 800-27 Engineering Principles for Information Technology Security (A Baseline for Achieving Security), June 2001
- SP 800-31 Intrusion Detection System (IDS), November 2001

Security Matrices

- Eight Information Assurance guidance matrices.
- DITSCAP DoD 5200.40
- DITSCAP Application Manual DoD 8510.1-M
- Federal Information Processing Standards Publication FIPS87 Guidelines for Automatic Data Processing (ADP) Contingency Planning
- Federal Preparedness Circular, FPC 67, Acquisition Alternative Facilities for Continuity of Operations (COOP)
- Policy Guidance for Use of Mobile Code Technologies in DoD Information Systems, November 7, 2000
- System Security Test Plan Preparation Guide
- DoD 5200.2-R, Appendix 6, June 2002 (DRAFT)
- Web Site Administration Policies and Procedures, November 25, 1998

SF 86

- OPM Personnel Investigation
- DoD IA IT Requirements
- OMB Circular A-130
- DoDD 8500
- MHS IA Policy Guidance Manual - V1-3 -- 02-12-03
- MHS IA Implementation Plan v1-0 01-16-03 DELIVERED
- DISA IAVA Process Handbook, Version 2.1, 11 June 2002
- DoD Information Assurance Vulnerability Alert (IAVA)

Other References

- MHS/DHA IA Program Office A&A SOP for Information Systems
- Physical Security Assessment (PSA) Matrix

Attachment 05 - Request for Travel/Approval Form
(Validate prior to use)

PEO DHMS Travel Request							
Contract/Task Order #				Reference Contract #			
Title of Task							
Company Name				SOW-within scope			
Description of Travel							
Place of Travel	-Enter a range for the Travel Dates section formatted as follows: MMDDYY-MMDDYY						
Contractor Employee traveling				Contractor Employee traveling			
Contractor Employee traveling				Contractor Employee traveling			
Date of Request (MM/DD/YY)				Travel Dates (MM/DD/YY)			
Number of Contractor Employees traveling				Total Days Required for travel (includes travel and working	0		
Number of overnight stays required				Number of travel days			
Rental car required				Number of actual work days			
Traveler	Airfare	Hotel	Car Rental	Taxi to/from Airport	Parking	Meals/Inc Per Diem	Total Estimated Cost
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Per Diem Type	Daily Rate	# Days	100% (except for 1st and Last Day of Travel)	75% Rate (1st and Last Day)	#Days	Total 75%	Total
DoD Meals & Inc Per Diem	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00
DoD Hotel Per Diem	\$0.00						\$0.00
(if two rates, split)	\$0.00						\$0.00
COR Authorization:							
Name:							
Title: COR							
Street Address: 1700 N Moore							
State & Zip Code: Rosslyn, VA 22209							
Phone #:							
Email Address:							
Technical Representative	COR Signature						

Attachment 06 - Non-Disclosure / Non-Use Agreement**NON-DISCLOSURE AGREEMENT FOR REQUIREMENTS
ARISING AS A RESULT OF WORK CONDUCTED UNDER****CONTRACT NAME:** **ORDER NUMBER:**

I acknowledge and agree to the following during the performance of Contract:

1. I may come in contact with Government procurement sensitive information or proprietary business information from other contractors (e.g., cost data). I, as an official Government contractor, certify that I will not disclose, publish, divulge, release, or make known, in any manner or to any extent, to any individual other than an appropriate or authorized Government employee, the content of any procurement sensitive information provided during the course of my employment. I understand that for the purpose of this agreement, procurement sensitive information is to include procurement data, contract information, plans, strategies and any other information that may be deemed sensitive and that is designated as procurement sensitive information at the time of its disclosure.
2. I further certify that I will use proprietary business information only for official purposes in the performance of the above referenced contract and will disclose such information only to those individuals who have a specific need to know in performance of their official Government duties.
3. I hereby agree not to disclose to others other contractual information, including, but not limited to, proprietary information, trade secrets, financial data, technical proposals which will be presented to me by the Contracting Officer or other Government Official and designated as procurement sensitive or proprietary. I agree that the described information is "inside information" and shall not be used for private gain by myself or another person, particularly one with whom I have family, business, or financial ties. For the purposes of this agreement, "inside information" means information obtained under Government authority which has not become part of the body of public information. I specifically will not disclose any such information to employees of my company or any other contractor employees who have not signed this agreement. I will take all reasonable precautions to prevent the unauthorized disclosure and use of such information, and will immediately report any such unauthorized disclosure to the cognizant Government Contracting Officer and/or Contractor contractual representative.
4. I will only use the above identified information for official/authorized Government purposes.
5. I am aware that unauthorized disclosure of such information could damage the integrity of a procurement and that transmission or revelation of such information to unauthorized persons or use for other than the intended governmental purpose could subject me (and my company if a non-Government employee) to penalties,

prosecution, suspension and debarment under the Procurement Integrity Act or under other applicable laws.

6. I will safeguard all such information, including following all directions from the relevant Contracting Officer.

Signature

Date

Name (Print or type)

E-mail address

Telephone No.

Department, Agency, Organization, or Business Entity